

## TRAVEL VOUCHER

State of Mississippi: \_\_\_\_\_  
(Agency or Institution)

Employee SSN (Last 4): \_\_\_\_\_ PIN/WIN: \_\_\_\_\_

***\*Please Note: Employee SSN is optional. Only utilize if requested by agency.\****

Name: \_\_\_\_\_ PID#: \_\_\_\_\_

Address: \_\_\_\_\_

| Check One:      |  |
|-----------------|--|
| Employee        |  |
| Contract Worker |  |
| Board Member    |  |

| Trip Optimizer Attached |  |
|-------------------------|--|
| Yes                     |  |
| No                      |  |

| Reason Why Trip Optimizer <i>is not</i> Attached |
|--|
|  |
|  |

I request reimbursement for subsistence and other authorized expenses paid by me incident to official travel for the State from \_\_\_\_\_ to \_\_\_\_\_. The itemized statement follows.

| Check Box(es): | In-State |  | Out-of-State |  | Out-of-Country |  | PTE Request |
|----------------|----------|--|--------------|--|----------------|--|-------------|
|----------------|----------|--|--------------|--|----------------|--|-------------|

| Prior to Trip Expenses (PTE) Request:             |  |
|---|--|
| Lodging   |  |
| Public Carrier                                    |  |
| Registration                                      |  |
| Payment Information (Traveler complete, if known) |  |
| Trip #  |  |
| Travel Voucher #                                  |  |
| SAAS Ag #   |  |
| SPAHS Ag #  |  |
| Fund #  |  |
| Activity / Location                               |  |
| Org / Sub Org                                     |  |
| Rpt Category                                      |  |
| Project / Sub Proj                                |  |

|                                 |  |
|---------------------------------|--|
| Per Diem in Lieu of Subsistence |  |
| Taxable Meals                   |  |
| Non-Taxable Meals               |  |
| Lodging                         |  |
| Registration                    |  |
| Total Rental Cost               |  |
| Travel in Private Vehicle       |  |
| Travel in Rented Vehicle        |  |
| Travel in Public Carrier        |  |
| Other:                          |  |
| Sub Total                       |  |
| Less: Travel Advance            |  |
| Less: PTE Lodging               |  |
| Less: PTE Public Carrier        |  |
| Less: PTE Registration          |  |
| Net Payment (Overpayment)       |  |

Subject to any difference determined by verification, I certify that the above claimed by me for travel expenses for the period indicated is true and accurate in all respects, and that payment for any part has not been received. In the event of overpayment, I agree that any future salary/travel disbursements may be debited to correct the overpayment.

Traveler: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

Approved by: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

Verified by: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_